

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC			FEC IDENTIFICATION NUMBER ▼ C C00609388		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee 76 Words			Date of Public Distribution/Dissemination 12 / 30 / 2020		
Mailing Address 926 N St NW Rear			Amount 3487.66		
City Washington		State DC	Zip Code 20001-4485		Transaction ID : VTDG0AF38X2
Purpose of Expenditure Digital Production - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Warnock, Raphael, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 4865537.40			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Run-off Special		
Full Name of Payee 76 Words			Date of Public Distribution/Dissemination 12 / 30 / 2020		
Mailing Address 926 N St NW Rear			Amount 3487.67		
City Washington		State DC	Zip Code 20001-4485		Transaction ID : VTDG0AF3Y42
Purpose of Expenditure Digital Production - Estimate		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Ossoff, Jonathan, T., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 4563729.13			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6975.33		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrienne, R., ,</i>			[Electronically Filed]		Date 12 / 31 / 2020

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 25661.77		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AF2YY9		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		4865537.40	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Run-off Special		

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 25661.77		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AF2YZ7		
Purpose of Expenditure Digital Advertising - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ossoff, Jonathan, T., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		4563729.13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51323.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Shropshire, Adrienne, R., ,

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Date

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Signature

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Full Name of Payee Entertain Impact Advocacy Alliance Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2020	
Mailing Address 71 Ludlow St Apt 3A		Amount 15000.00	
City New York	State NY	Zip Code 10002-3881	Transaction ID : VTDG0AF2YW3
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Warnock, Raphael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Run-off Special	

Full Name of Payee Entertain Impact Advocacy Alliance Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2020	
Mailing Address 71 Ludlow St Apt 3A		Amount 15000.00	
City New York	State NY	Zip Code 10002-3881	Transaction ID : VTDG0AF2YX1
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Ossoff, Jonathan, T., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	90048.87

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

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12 / 31 / 2020

Signature